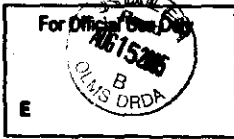


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2008

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>LM012-128</u> <u>6195</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Richard A. Stanizza</u> P.O. Box, Bldg., Room No., if any Street <u>1231 Banksville Rd</u> City <u>Pk Pa</u> State <u>Pa</u> ZIP Code + 4 <u>15216</u>	4. Name, file number, and address of labor organization. Name <u>Pk Bld Trades Council</u> Labor Organization File Number <u>LM012-128</u> P.O. Box, Building and Room Number, if any Street <u>1231 Banksville Rd</u> City <u>Pk Pa</u> State ZIP Code + 4 <u>15216</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount. 

Signature

18. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Richard Stanizza</u>	On <u>5/7/05</u> Date <u>412-944-4775</u> Telephone Number

Name of Person Filing <b>Richard Stanizzo</b>	File Number <b>U Lm012-128</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>UPMC Health Plan</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>One Chatham Ct</b>  Street <b>112 Washington Place</b>  City <b>Pgh</b>  State <b>Pa.</b> ZIP Code + 4 <b>15219</b>	9. Business deals with:  <div style="margin-left: 20px;">           a. Labor Organization             b. Trust             c. Employer         </div>
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing.  <div style="font-size: large; font-family: cursive;">Labor Management Reporting</div>
	11.b. Approximate dollar value of such dealing. <b>200.00</b>
	12.a. Nature of interest held or income received.     
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <i>Richard Stanizzo</i>	File Number U- <i>LM012-128</i>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *Koerner, Colarusso & Bloom*  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street *1 Gateway Ct.*  
 City *Rh*  
 State *PA* ZIP Code + 4 *15222*

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

11.a. Nature of such dealing.

*Christmas Gift*

11.b. Approximate dollar value of such dealing. *74.00*

12.a. Nature of interest held or income received.

*None*

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Richard Stunizzo</u>	File Number U- <u>LM012-128</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Ironworker Employers Assoc

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2270 Nobles Town Rd

City PA.

State PA.

ZIP Code + 4 15205

9. Business deals with:

a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworker Employers Assoc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2270 Nobles Town Rd

City PA.

State PA.

ZIP Code + 4 15205

11.a. Nature of such dealing.

Annual Assoc. Dinner 112.23

Business Agent Retirement Lunch 50.94

11.b. Approximate dollar value of such dealing.

163.17

12.a. Nature of interest held or income received.

none

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing <u>Richard Stanizzo</u>	File Number U- <u>LM 012-128</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>PNC Advisors</u>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <u>2 PNC Plaza</u> <u>620 Liberty Ave</u> City <u>Pgh</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>	9. Business deals with:  <div style="margin-left: 40px;">             a. Labor Organization               b. Trust               c. Employer         </div>
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing. <u>Labor Management Reporting 7/08/04 418.18</u> <u>Business Dinner 4/27/04 54.00</u>  <hr/> 11.b. Approximate dollar value of such dealing. <u>472.18</u> 12.a. Nature of interest held or income received.   <hr/> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.          
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <u>Richard Stanizzo</u>	File Number U- <u>LM 012-128</u>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Gem Group</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>1200 Three Gateway Ct</u></p> <p>Street</p> <p>City <u>PA</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>15222</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>All Teacher scholarship Self Outing</u></p> <p>11.b. Approximate dollar value of such dealing. <u>216</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>NONE</u></p> <p>12.b. Amount.</p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>Richard Stanzigo</b>	File Number U- <b>LM012-128</b>
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5. held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Highmark Blue Cross Blue Shield</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>FIFTH AVE PLAZA</b></p> <p>Street <b>120 FIFTH AVE</b></p> <p>City <b>Phila</b></p> <p>State <b>Pa.</b> ZIP Code + 4 <b>15222-3099</b></p>	<p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization</p> <p style="margin-left: 20px;">b. Trust</p> <p style="margin-left: 20px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p style="text-align: right;">ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>Labor Management Consulting</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>150.00</b></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p><b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p style="text-align: right;">ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing

Richard Stanizzo

File Number U

LM012-128

3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Yanni Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 3000

Street

310 Grant St

City

Bgh

State

PA

ZIP Code + 4

15219-2302

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Self dealing

11.b. Approximate dollar value of such dealing. 300.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.